LIFELINE DATA FOR FCC HEARING ON 800-SUICIDE

February 28, 2011

Lifeline Program Description

The National Suicide Prevention Lifeline (1-800-273-TALK) , a project funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), is a network of crisis centers committed to suicide prevention that are located in communities across the country. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. Calls are routed to the nearest available center of nearly 150 centers that are currently participating in the National Suicide Prevention Lifeline network. Since July 2007, the Lifeline has been providing a special suicide prevention service for U.S. military veterans through an agreement with the Department of Veterans Affairs (VA) and SAMHSA. Distressed Lifeline callers who are veterans are prompted to "press 1#" when they hear the automated greeting, and are connected to veteran suicide prevention hotline specialists located at a national VA call center in New York. In addition, as of March 2007, all calls from 1-800-SUICIDE are routed through the Lifeline's Network, following a decision from the Federal Communications Commission to transfer the number to the Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA and the Mental Health Association of New York City (MHA-NYC) launched the Lifeline (1-800-273-TALK) on January 1, 2005. MHA-NYC transferred the grant administrator role to its subsidiary, Link2Health Solutions, Inc. (L2HS), in the fall of 2005, with approval from SAMHSA. L2HS, the administrator of the grant, works with its partners, the National Association of State Mental Health Program Directors (NASMHPD) and the MHA-NYC to manage the project, along with Living Works, Inc., an internationally respected organization specializing in suicide intervention skills training. The project is independently evaluated by a federally-funded investigation team from Columbia University's Research Foundation for Mental Hygiene. L2HS receives ongoing consultation and guidance from national suicide prevention experts, consumer advocates, and other stakeholders through the Lifeline's Steering Committee, Consumer/Survivor Subcommittee, and Standards, Training & Practices Subcommittee.

The Lifeline has engaged in a variety of activities to improve crisis services and more broadly advance suicide prevention, including:

- Developing a Spanish sub-network to serve Spanish speakers in their native language;
- Formulating and implementing Suicide Risk Assessment Standards for crisis centers to ensure proper identification of suicidal callers;
- Providing information and trainings in evidence-based or evidence-informed practices for call center services;
- Providing technical assistance and support to network crisis centers;
- Collaborating with an evaluation team to improve crisis center practices and service;
- Working with survivors of suicide loss, attempt survivors and national consumer leaders to

promote culturally effective services to high risk populations;
- Promoting crisis center follow-up services for high risk callers and patients discharged from hospitals and emergency departments to enhance continuity of care;
- Developing and disseminating public education information to raise awareness of suicide prevention and to promote the hotline number nationally;
- Collaborating with social networking websites to promote the number, especially among younger populations.

ESSENTIAL ASPECTS OF ADMINISTRATING AND OPERATING A NATIONAL NETWORK OF SUICIDE HOTLINES TO PROMOTE PUBLIC SAFETY

Overview

There is a great deal more to administrating and operating a national network of suicide hotlines than simply paying for toll-free call expenses. To best assure the interests of public safety inherent in administration of such a service, the administrator must have the appropriate skills and resources to reasonably address and promote the following central elements of service operations:

- **Capacity** of the network to adequately respond to the volume of callers in suicidal crisis.
- **Connectivity** of calls to reliably and efficiently link callers in crisis to the appropriate certified crisis center in the network.
- **Quality improvement** measures to enhance effective practices of helpers in areas where research and/or evaluation findings demonstrate that such practices could reduce distress and/or suicidality of callers during the hotline call.

In all aspects of administrating a national network of hotlines, what underpins all areas of assuring adequate care of callers is this: ***the administrator must consistently communicate and collaborate with its network of crisis centers in order to coordinate services with suicidal callers, in the interest of public safety***.

Communication and Collaboration with Network Centers is Essential to Public Safety

Communication and collaboration towards service coordination are so essential because change and variation is inherent to a national network of hotlines. Change and variation are an asset for a national suicide hotline network; with variation comes greater flexibility and capability for assisting callers of all cultural and age groups, who live in and are seeking services in every type of community across the country. Each of the 149 crisis call centers in this national network of hotlines is an independently operating organization, located in urban, suburban or rural communities across 49 states. Each center has varying degrees of resources and capabilities, each with either more or less reliable funding supports, and each with differing degrees of professional and/or volunteer staff deployed to assist with hotline callers. However, they all have in common key features that enable them to be a part of this network, such as: they

are all certified by a national or state accreditation agency; they all routinely respond to calls from individuals in crisis in their community; they all have hotline staff trained in suicide prevention; and they are all dedicated to preventing suicide and assisting persons in emotional distress. ***Another thing that they all have in common is that they are not obligated to be members of this network.*** This fact becomes even more significant in light of another central truth about this national network: the line could not operate—it could not serve and assist callers in suicidal crisis efficiently and effectively—without the active consent and cooperation of its network of crisis centers.

As centers are not obligated to join the network, the network administrator must make network membership beneficial to centers to attract and maintain membership. Why do currently 149 crisis centers agree to participate in this national network of hotlines? The Lifeline provides minimal compensatory funding support to each center, although some receive additional stipends for providing special services (to be described later). The primary benefit to the centers for being in this network relates to the following: Lifeline's provision of technical support; its access to best practices information and resources; the credibility of its affiliation with SAMHSA and occasional access to "Lifeline-center-only" SAMHSA grants; its strategic consultation to promote sustainability of the center's key services; Lifeline's sharing of materials, practice models and protocols that can improve their service, and the network's capacity to help them reach and serve the local communities they are dedicated to provide for.

The network administrator must be responsible for initiating and maintaining communications/collaborations with its network member centers. The attentions and priorities of the centers are divided, with their interest in the needs of the national network largely dependent on the demands and needs of their local community and the immediate priorities of their primary funding organizations. All of them have at least one other hotline they respond to (some answer more than 10 other lines). While communications and collaboration towards network service coordination is the responsibility of both parties—the center and the administrator—the national network administrator must often be the initiator of such communications, given the competing local interests of the centers. The administrator must make consistent phone calls with individual centers, conduct network conference calls periodically throughout the year, hold webinars, and regularly communicate electronically (e-mails, blogs, web site "members only" section, etc.) with centers. Wherever possible, the administrator should facilitate face-to-face meetings with representatives from crisis centers, either through attending conferences together or through establishing committees of crisis center members, to seek their input and direction to improve network support for helping suicidal callers.

Communications and collaboration between the crisis centers and the Lifeline network administrators relate directly to public safety in a number of ways. The network administrators must be immediately informed of service interruptions and changes at centers that may affect the crisis caller's ability to be served by the line. Budget cuts, staff turnover, center relocation or merger, changes in hours of operation, coverage area or other service provision alterations can all affect a center's ability to serve network callers in crisis. Since the Lifeline was launched, four

centers closed due to budget shortfalls, power outages have occurred in the wake of natural disasters or technical problems at some other centers, and hours of operation have changed at several centers.

Other urgent communications relate to collaborations with centers to reach and serve suicidal persons that contact the Lifeline administrators electronically rather than by telephone (web site, e-mail, etc.). In addition, centers may have technical issues that temporarily prevent them from accessing lifesaving tools such as Lifeline's secure call trace system or 911 call center database (discussed later), and require Lifeline's assistance in accessing or using these tools.

In addition, Lifeline must facilitate ongoing broader-scale communications with network centers to promote the use of best practices, tools and protocols that could help keep more callers safe. Network-wide communications are also critical for discussing the advent of trends and new services that can support the efficient, effective management of callers with special needs (veterans, economically-impacted individuals, Spanish callers, disaster-affected communities, etc.).

Further, when national media events publicizing the Lifeline number are known to occur in advance of their broadcast (as is usually the case), it is critical that Lifeline staff send a media alert to the network to prepare for a surge in calls. Similarly, Lifeline must make test calls to centers to ensure calls are adequately connected and being answered appropriately by the center. In those cases where test calls suggest concerns, Lifeline must work with the center to correct the connectivity problem.

Clearly, a lack of daily, routine and diverse communication efforts with centers initiated by the Lifeline can leave greater room for error in preventing suicidal callers from receiving unnecessarily longer wait times, busy signals, or other connection problems.

Most of Lifeline's 13 staff members spend a considerable amount of their time communicating with member crisis centers, ranging from providing technical assistance to quality assurance checks. For a more detailed breakdown of divisional staff time devoted to communications with member centers, see the divisional descriptions under the Capacity, Connectivity and Quality Improvement sections below. Broader scale network communications occur with network-wide webinars/conference calls (8 were conducted in FY 2010), network-wide e-mails (28 in FY 2010), and Lifeline's crisis center blog postings (27 in FY 2010, with nearly 10,500 crisis center views of the postings). Lifeline staff attends two national conferences each year where crisis centers convene, and led five workshops at these conferences focused on vital issues such as establishing national crisis center standards for helping callers at imminent risk of suicide. Lifeline staff also conducts semi-monthly conference calls with its 5 crisis centers that provide back-up to the VA's Suicide Prevention Hotline service for veterans, as well as quarterly conference calls with its 11 centers providing culturally specific care for Lifeline's Spanish-language callers. Given the changing resources and challenges in serving these cultures, such conference calls are vital in ensuring that each of the centers have the support and information needed to most effectively serve veteran and/or Spanish-language callers. In addition, Lifeline

has established three national consulting committees to help guide the network towards achieving its suicide prevention goals, and these committee meetings (6 meetings covering 12 days per year) include 16 crisis center representatives, alongside other leading national consumer and provider voices. Lifeline is also currently devising a newsletter that will be delivered to its network members on a bi-monthly basis, beginning in the Spring of 2011.

Enhancing Capacity to Respond to Network Callers in Crisis: The Network Development Division

To avoid significant wait times in serving callers that could be suicidal, and to better ensure that the vast majority of these callers are assisted by centers most familiar with the crisis care and support resources in the caller's community, maintaining adequate capacity of the network to respond to calls is a potentially significant factor in helping to keep callers safe.

As has been previously noted, the national network is entirely dependent on the commitment of scores of independent crisis call centers and their staffs to accept and respond to calls appropriately. As call volume to the network increases, the burden on the individual centers grows, unless the network's size also grows to help maintain capacity to respond efficiently.

Considering that joining the Lifeline network does not come with the promise of obtaining significantly more funding, the promise of simply providing more calls to centers that are typically strapped for resources can become a significant barrier to joining the network. Consequently, it is often pivotal for crisis center directors to recognize other benefits to joining the network, before they sign on. Conversely, the Lifeline network must have minimum qualifications for membership to ensure that all member centers are capable of effectively and efficiently assisting callers. As a result, not all applicants are accepted. Other factors in ensuring adequate capacity for the network include the location of the center; the Lifeline seeks to attract centers residing in communities of greater need. Communities "in greater need" are determined by Lifeline call trends (call volume significantly exceeds the nearest center's capacity to respond), higher suicide rates in the area, and/or the lack of a center in the network already serving this community. The analysis of need data, the promotion of network member benefits, the outreach, recruitment, application, execution of a network agreement and orientation process are all the province of Lifeline's two staff members in its Network Development Division.

Joining the network: Centers must be both willing and able to respond to calls to become members of the network. The *willingness* of capable centers to join or remain in the network may rely largely on competing demands of their agency and community stakeholders, a perceived benefit-over-cost of being a member, and/or the degree to which they have faith that their business relationship with the administrator has integrity or has been rewarding. On the other hand, a center's capability to respond to suicidal callers can change, often due to changes in the center's budget and/or service priorities determined by local stakeholders.

One cannot assume that once joining the network, a center's commitment to maintaining

membership will remain unwavering, regardless of circumstances. One example of this was seen when the national suicide prevention hotline network grant first changed hands on September 30, 2004. The grant's first operations administrator, Kristin Brooks Hope Center (KBHC), had acquired the 800-SUICIDE number prior to the grant, and they elected to continue administrating this line and a national network, both of which had been promoted and grown substantially through SAMHSA funding and support over the previous three years. SAMHSA and the new grantee, the Mental Health Association of New York City (MHA-NYC), consequently had to establish a new hotline network and telephone number. MHA-NYC had approximately three months to persuade as many of the 129 centers that were participating in what was then the SAMHSA-funded Hopeline network to join the new federally funded Lifeline network, so that the new number and network could be launched on January 1st, 2005. The line was successfully launched on time, with 104 participating centers residing in 43 states responding to all calls. Not all of the 129 centers that were previously in the first federally funded network (Hopeline) immediately agreed to join the new federally-funded network (Lifeline). Those that initially declined did so for a variety of reasons, most of which related to perceived lack of benefit or lack of capacity to take on more calls, now coming from two separate networks run by two separate administrators (MHA-NYC for 800-273-TALK, KBHC for 800-SUICIDE) . Nearly all of the originally reluctant centers later joined the Lifeline, and several crisis centers joined that were previously not a member of the original Hopeline network.

Lifeline's Network Development team worked hard to have all new member centers sign a Network Agreement, *which ensured that both the administrator and the center understood each other's mutual obligations in this joint venture to prevent suicide and keep callers safe*. While some centers had signed agreements to join the previous federally-funded network, many others informed us that they had not undergone such a process in the past. Developing this mutual understanding of our respective roles in executing a network agreement with each center could take weeks or months, but it was felt to be critical to ensure a credible, reliable network would be in place to support public safety. Now, Lifeline's ND team has executed 149 agreements with centers currently participating in the network, with at least one center in 49 states.

The Network Agreement: the basic roadmap for how the administrator and center will keep callers safe. The Lifeline Network Agreement is a vital document, as it verifies membership, term and terms of the relationship that are central to better ensuring that calls from emotionally distressed or suicidal persons are properly routed and connected by the administrator and appropriately managed by the call center. This agreement creates the assurance of a legally binding contract between the center and Link2Health Solutions (L2HS is MHA-NYC's wholly-owned subsidiary, and officially the administrator of the network after the SAMHSA-approved transfer in 2005). The agreement stipulates the role of the center and of the administrator, respectively. In Exhibit A of the Network Agreement the center must indicate the geographic areas from which it is willing and able to receive calls (designated by area code, zip code, county, or state) in either a primary or backup capacity. This is a critical aspect of Lifeline's routing system, as it enables callers to be connected with centers that maintain resource directories containing information about local human service agencies and providers. Attachment I of the Network Agreement, the Network Policies, provides detailed information regarding the

center's requirements to become and remain an active Lifeline center. It covers a number of areas, including but not limited to, quality assurance, grievances and complaints, insurance, suicide risk assessment and imminent risk, training, and administrative standards. The Network Policies, which the Administrator has unilateral authority to modify, with due notice, have been amended twice over the last seven years in order to ensure that Lifeline centers are providing service in accordance with the latest evidence, as uncovered through the Lifeline's evaluation activities, and in line with best practices, as determined by SAMHSA, Lifeline staff and the Lifeline's advisory committees.

The Network Agreement requires that the center designate at least one person to serve as a liaison to the Lifeline network, thereby ensuring that the Lifeline can easily communicate with the center regarding any issues or challenges that may arise. And while the network agreement establishes a framework for collaboration and communication between L2HS and its participating centers, it also gives L2HS the ability to modify a center's coverage area, if needed, due to any unforeseen problems (such as a power outage or other technical mishap). Additionally, it grants the center the authority to terminate the network agreement, with due notice, should it no longer be able to meet its obligations under the contract and gives L2HS the right to unilaterally terminate the agreement, an important quality assurance mechanism that enables L2HS to efficiently remove any center that violates Network Policies or otherwise fails to meet its obligations under the network agreement.

The termination clause also clearly stipulates that L2HS may terminate the agreement, without notice, should the grant be terminated, or should any governmental agency or authority request it to do so. Meanwhile, the Assignment/Transfer clause clarifies that the agreement may be assigned/delegated to another party, assuming the prior written consent of the other party. These clauses are important, as they provide L2HS with an option to terminate the agreement should it lose its federal grant and also to assign the agreement to another agency should a different organization be awarded the grant during the competitive application process.

Recruiting centers into the network to build capacity. While the effort of the ND department in executing network agreements with centers can be time-consuming, the more arduous task relates to the recruitment of centers into the network to reinforce capacity. Lifeline staff utilize several means to identify and recruit centers, including conducting internet research, reviewing the list of centers accredited by the American Association of Suicidology, attending relevant conferences, and working with the National Association of State Mental Health Program Directors (NASMPHD) in order to communicate directly with state mental health commissioners and their staff. The ND Director regularly attends the annual meeting of the state commissioners to speak directly with the commissioners that oversee the states in which the Lifeline has the greatest need for additional centers. In order to maintain access to state mental health commissioners and attend NASMHPD meetings, the Lifeline maintains a subcontract with NASMHPD, through which the Executive Director and the Senior Policy Associate are able to dedicate a portion of time to assisting the Lifeline in its network development efforts. The ND staff receive many applications each year, and work extensively with qualified applicants to

determine what is needed for them to become "Lifeline-ready."

Applying to the network. Not all applying centers are "Lifeline ready." In order to join the Lifeline network, each center must complete a network application to corroborate that it meets the Lifeline's minimum requirements. After submitting an application and submitting all necessary supporting documentation (such as proof of insurance and accreditation) the ND staff reviews the application with the center and asks questions about any unclear or problematic items. The process is designed to ensure that any center seeking to join the Lifeline network will meet the minimum requirements that the National Suicide Prevention Lifeline has established, thereby ensuring that individuals in distress are connected to qualified centers equipped to provide the best possible service.

Amendments to the Network Agreement: A relationship roadmap for providing special services for callers with special needs. After Network Agreements have been executed, the ND team will also work with centers that are capable of providing special services. These "special services" typically require an Amendment to the Network Agreement. Over the course of the grant, ND staff have prepared and executed several amendments in order to set forth the terms associated with any special services that a center may agree to provide, such as serving Spanish-speaking callers or assisting veteran callers.

Below is a list of the all the active network amendments.

- Provisional Status Amendment
- Spanish Language Amendment
- Regional Backup Amendment
- National Backup Amendment
- Veterans Amendment
- Veterans Hotline Backup Amendment
- Veterans Chat Backup Amendment
- American Indian Initiative Amendment

Implied in these "special service" Amendments is a promise of centers to provide "special attention" to callers that may require additional training and/or resource information for staff. Consequently, it is Lifeline's responsibility to provide the centers with resources and training materials to support their work, and, wherever possible, provide spot checks and collaborative communications to help centers efficiently provide these "special services".

Examples of special services and the special attention provided by Lifeline staff to address concerns. In July 2006, the Lifeline established a Spanish sub-network to assist Spanish-speaking callers in emotional distress and/or suicidal crisis. Currently comprised of 11 Lifeline centers that have Spanish-speaking staff available at least 20 hours per week and that have signed a Spanish sub-network amendment, the Spanish sub-network centers answers Spanish-speaking callers who directly dial the designated toll-free number or who press 2 after calling 800-273-TALK. The Spanish sub-network answers, on average, 700 to 1,000 calls per month.

Lifeline's Network Development Director, who is fluent in Spanish, helped facilitate the translation of the Lifeline's revised Wallet card into Spanish, as well as a sample suicide risk assessment instrument (in accordance with the Lifeline's suicide risk assessment standards). She also hosts, along with the Network Development Coordinator, quarterly conference calls with all the Spanish sub-network centers in order to allow the centers to share their experiences and discuss any challenges that may arise in connection with their participation in the Spanish sub-network. ND staff also use the quarterly calls to remind centers of the requirements for Spanish sub-network participation, review call volume from the previous quarter, and confirm, for each center, hours of operation with respect to Spanish-speaking staff. These calls, as well as the Spanish language materials, are vital to ensuring consistent and high-quality service across the Spanish sub-network.

Similar supports are provided by Lifeline for centers providing back-up assistance for veterans and working with American Indian populations. The VA has contracted with the Lifeline to support its National Suicide Prevention Hotline service for veterans since 2007. The VA works with the Lifeline to develop and disseminate appropriate resource information for veterans to Lifeline's crisis centers, and Lifeline hosts bi-monthly calls with its five VA subnetwork back-up centers.

For Lifeline's American Indian Outreach pilot initiative, four crisis centers near Reservation communities have signed amendments to provide special services to American Indian populations. These services relate to making efforts to build relationships with local tribal leaders, conduct culturally effective trainings with their staff, as well as provide appropriate resource referral information to their staff to better assist American Indian callers in crisis. Lifeline has also hired an American Indian consultant to act as a liaison to assist with building relationships between local reservations and four Lifeline crisis centers, as a key part of this initiative.

Regional and national back-up centers are vital to ensuring the network's capacity to answer all calls, and require Lifeline's technical assistance and support . Lifeline has a series of centers that also provide back-up to other centers who are unable to respond to all calls coming from their primary coverage area. These back up services, ranging from within state to regional and national back-ups, are critical to ensure that all calls are answered. Lifeline's active support for these centers—including funding for regional and national back-up centers—contributes to public safety for a number of reasons. Centers must be prepared, willing and able to provide back-up support for callers in distress who are not from their typical area of coverage responsibility. Centers have staff and local resource information to assist callers in distress from the areas that they are typically funded to serve. In order to support their capacity to have both the staffing and information resources to serve callers in distress from other areas, centers must: a) have knowledge that such calls are incoming and actively consent to receive such calls; and b) have the staffing and resource information—including emergency service information—for all of the areas that they have agreed to provide back-up assistance for.

Lifeline's regional backup centers, each of which has signed a regional backup amendment,

agree to serve callers from far beyond their primary coverage areas. As such, they receive a greater number of Lifeline calls, many of which originate from states other than their own. These centers require additional financial support and technical assistance in order to ensure that they are equipped to assist these callers. The Lifeline not only compensates regional backup centers on a per call (answered) basis, it has also compiled a listing of credible online directories, accessible via the Lifeline's members-only web site, in order to assist these centers in connecting callers to services in their community.

Since its inception, the Lifeline has employed the Boys Town Hotline (Omaha, NE) as its national backup center, in order to ensure that all Lifeline calls are answered, regardless of their point of origin. The national backup center is the last stop in the Lifeline's network routing system, receiving any calls that are unanswered by the Lifeline centers serving in a primary and/or backup capacity, either because all counselors are busy assisting other callers or due to a power outage or other technical problem.

Overall, Lifeline's regional or national back-up centers take approximately 10% of the Lifeline network's calls. Providing these centers with appropriate funding and resources are vital to better ensuring that they have the capacity to keep Lifeline callers from outside of their usual coverage area are kept safe.

Member Center Development: collaborating with centers to enhance their sustainability. In order to further support its network centers, each of which is independently owned and operated, the Lifeline launched Member Center Development, a new section of the members-only web site, in July 2008. Designed to help centers increase their visibility, credibility, contacts and funding, the Member Center Development site houses research, information and resources designed to help centers highlight the importance of the work they do to potential funders and stakeholders. ND staff continually add to the site, to ensure that it remains timely and relevant to participating centers. Given the difficult economic climate that centers are facing, the Lifeline is often asked to write letters of support for centers seek to increase or maintain their funding streams. Over the years, the Lifeline has provided dozens of letters, underscoring the tremendous support and life-saving services that crisis centers offer. These letters have been extremely well received by participating centers and, thankfully, over the last seven years, the Lifeline has only lost four centers due to budget shortfalls.

In the ND Division, it requires 2 FTEs to oversee and conduct following processes: analysis of network recruitment needs; research and stakeholder outreach to recruit prospective centers in key areas of need; continuing communication with center representatives towards completion of the application and execution of the Agreement; orientation or new members to the network; updating of amendments to the Agreement; maintaining communications with centers performing special services for the Lifeline; and activities related to promoting sustainability of local member centers.

Efficiently Connecting Callers in Crisis to Network Centers: The Information Technology Division

Maintaining a call routing database. The Lifeline crisis center network currently includes 149 crisis centers of various sizes scattered throughout the United States. These centers are independent organizations, and Lifeline does not pay them to be part of the network other than a relatively small stipend. They all however, have agreed to take calls from the Lifeline according to terms specified in a Network Agreement document. Lifeline does not dictate what areas a given crisis center will receive calls from; rather the crisis center tells Lifeline the areas from which they are willing to accept calls. Some centers provide coverage for huge geographic areas, some from only a few square miles. Most, but not all crisis centers operate 24/7, and some provide special services, such as Spanish language capability.

The Lifeline uses a very robust call routing scheme to ensure that every call gets answered. Lifeline defines the following coverage categories that a crisis center can play for any given region: Primary, Backup, Regional, National, Surge, or Queue. In some areas more than one crisis center may be providing "Primary" or "Backup" coverage. In order to route calls to the nearest available crises center that has agreed to provide coverage from the caller's area, our telephone provider uses a routing table that Lifeline supplies. The routing table is a list that contains every area code and exchange that is in use in the U.S., and for each one a list of crisis center phone numbers, in the order in which they should be attempted. The "Area Code and Exchange" sometimes called NPA/NXX is the first six digits of the caller's phone number. In order to create the Routing Table, Lifeline uses a Call Routing Database. There are two parts to this. This first part consists of a list of every area code and exchange that is currently in use in the United States. This is a large list with over 150,000 entries and changes constantly. Lifeline's IT staff updates the list quarterly, and in the last update, 710 new records were added.

The second part of the database contains information about all of the crisis centers in the network, including their hours of operation, and all of the areas that they have agreed to provide coverage for. It lists the areas that they are providing "Primary Coverage" for, and may contain additional entries for areas that they will provide "Backup Coverage," "Regional Coverage," etc. Crisis centers describe the areas that they will cover in several ways. They may give Lifeline's IT staff a list of area codes, zip codes, county names, or even states. With the information contained in these two parts of the database, Lifeline's IT staff are able to create the routing tables that are then used by our telephone provider to properly route calls to the correct crisis center.

It is true that most, if not all, telephony systems providers also have a database of all the area codes and exchanges that are currently in use, and they could conceivably use that to somehow determine the nearest crisis center to the caller based on a center's phone number. *That is not the same as sending it to the nearest crisis center that has agreed to provide coverage for the area, knows the local resources for the area, and know how to dispatch emergency services for the area.* Many centers in Lifeline's network provide coverage only for a single county, even though they may be the nearest center to callers in many counties. The routing table is fluid and needs to

be updated whenever a new center joins the network, one leaves or changes the coverage area, or changes occur in the area code exchange database. Whenever a change is made to the database it is carefully checked including producing a new coverage map for each crisis center that clearly indicates geographic areas where their center would be first attempt, second attempt, and so on.

Lifeline has 1 FTE devoted to managing the all routing table and database, divided between two staff members to ensure that more than one individual is capable of overseeing this task that is so critical to efficient connectivity of callers to network centers.

Connectivity monitoring/quality assurance. The crisis centers in Lifeline's network dictate to us the areas that they wish to receive calls from as described above. While Lifeline tries to honor their requests, Lifeline also monitors how well each crisis center is doing at answering the calls we send them. In many areas Lifeline may have more than one center that provides coverage, and so coverage is split between them. If Lifeline determines that one center is doing a much better job at answering the calls, the Lifeline staff can adjust that split so calls routing will favor the center that is doing a better job at answering. This helps ensure that calls get answered as quickly as possible, which is important in circumstances where the caller is imminently suicidal. Every day, Lifeline's IT staff examines answer rates and tries to spot problems. For example, if Lifeline staff notices a sudden drop in answer rate for a center, there might be a problem with their local line that is preventing calls from going through, and so calls are being diverted to a backup center which can add a few seconds of wait time for a caller. A center may have changed its hours of operation and before alerting the Lifeline, or it could be they are having staffing problems. Such daily monitoring helps Lifeline spot these problems, and take corrective action. On average, Lifeline's IT staff spots several problems a year this way. Lifeline IT staff also places test calls to crisis centers on a regular basis, occasionally alerting us to problems that could affect callers such as: calls going to voice mail at centers; calls being answered by an answering service; and calls being misrouted due to switch problems with a local exchange carrier. While carefully monitoring call flow is time consuming, it helps to make sure that when a person in crisis calls the line, their call will be answered by a local crisis center that is able to provide them with the resources and help they need.

Lifeline has one FTE that is devoted to these quality assurance/connectivity checks.

Reporting. Lifeline's IT department spends a great amount of time generating valuable reports, all of which contain de-identified, aggregate data, with no specific information about any callers. Lifeline creates daily reports for quality assurance purposes as described above, in addition to weekly reports for the crisis center directors so they can see how many calls Lifeline is sending them. *These reports also verify that the Lifeline is only sending them calls from the areas that they have specified as per their network agreement*. The Lifeline also provides reports for many stakeholders including federal, state, and local governments, and to researchers from universities as well as from the media. Many times a month, Lifeline is asked to create custom reports often from crisis centers that may be about to submit a request to sustain funding.

Lifeline has one FTE devoted to collecting, managing and reporting data such as this that is

essential to monitoring network performance and activity.

Staff and crisis center support. Lifeline's IT department also spends time supporting the individual crisis centers. Among the myriad requests the IT Division receives are: to temporarily stop sending calls to a particular center because of weather, power outage or other reasons; to speak with local technicians to help configure a new telephone system at a crisis center; and to reset forgotten passwords to enable them to access one of the many utilities that Lifeline makes available to them online.

Social media. Lifeline staff must also spend several hours a week scouring the internet and flagging inappropriate content. For example, Lifeline staff report YouTube videos of prank calls to 800-SUICIDE and 800-273-TALK, or some other post that might encourage others to make prank calls that tie up counselors, thereby preventing telephone counselors from assisting callers who could be helping people who really are in crisis and need help.

Promoting Quality Improvement Among Network Centers: The Standards, Trainings and Practices Division

The Standards, Training and Practices (STP) division of the Lifeline works to ensure quality service provision across the network for those at risk of suicide. Lifeline's STP division consists of 5 staff members, two of whom are tasked with assisting crisis centers seeking to conduct follow-up services and/or to develop new media approaches (e.g., texting, online chatting, etc.) to assist persons in suicidal crisis. The other three FTEs are devoted to tasks directly related to promoting best practices for responding to individuals that contact the Lifeline who are in crisis.

Responding to online outreach for those at risk of suicide. The STP division manages and responds to any online outreach from those at risk for suicide. This includes responding to crisis emails that are sent directly to the Lifeline as well as crisis posts from a range of social networking sites. The Lifeline has partnered with major social media platforms, such as Twitter, MySpace, Facebook, YouTube, and smaller platforms, like FormSpring, ExperienceProject and MyYearBook to engage these sites in suicide prevention efforts by assisting them in drafting and enacting safety protocols. At present, Facebook and MySpace alert the Lifeline when a user has posted potentially risky content and the Lifeline reaches out to that individual via email – encouraging direct contact with the Lifeline and providing referrals. The STP division works with network centers to ensure a timely and clinically appropriate response is provided for all online crises. Approximately 38 staff hours per week are devoted to this task of following up with centers to respond to persons in crisis that have directly reached the Lifeline administrative staff, typically via internet communications.

Responding to grievances. In an effort to maintain quality throughout the network, Lifeline staff actively follows up on any grievance received/complaint received about a network center. Staff responds to the complainant, investigates the time of call and determines the specific center that managed the call. STP staff then work with the center to determine the details of the grievance, request a written response from the center and provide follow up with the complainant within 24

hours. Written reports on the grievance and resolution are maintained by STP staff. Staff spends, on average, 1.5 hours per week working with centers to manage grievances.

Training to Lifeline Centers to ensure that staff is well equipped to manage calls from those at high-risk for suicide. Research has shown that while crisis center staff demonstrates positive helping skills, there can be significant variability in the quality of service provision between agencies and helpers serving callers at imminent risk of suicide. The STP division has worked to make high quality training available to network centers free of charge (such as Applied Suicide Intervention Skills Training - ASIST) and to engage suicide prevention experts in the development of standardized policies and procedures that guide centers in how to work with those at high risk for suicide. The Lifeline STP division has spent a significant period of time developing and implementing such policies across the Lifeline network and in supporting and guiding the network centers in how to incorporate these policies into training for everyday practice. Many of the network centers would be unable to access formal trainings or make significant procedural changes without the assistance of the Lifeline staff primarily due to the financial burden involved. It is the responsibility of the Lifeline administrator to ensure that all action necessary is taken to maintain quality service provision and adherence to best practice models in the field of suicide prevention.

Lifeline's staff time devoted to supporting training efforts at centers is roughly equivalent to 1.5 FTE.

Summary

Since the first federal grant to network and certify hotlines began in 2001, the scope of this national network has expanded greatly. Through federal funding and national promotions, scores of independently operating crisis centers across the country have voluntarily joined this national effort to prevent suicide, and call volume over the years has steadily increased to impressive levels. While paying the telephony costs to support a national suicide prevention hotline network is demanding and alone could be a challenge for many privately-funded interests to maintain, it is perhaps the least demanding requirement of what is ultimately needed to administer a service where callers' lives may be at stake. Administrating a national network of crisis call centers to prevent suicide is a responsibility of enormous magnitude, and requires substantial human resources and capital to ensure public safety. Further, ensuring that the network has adequate capacity to answer calls, that calls are routed and properly connected to the appropriate centers, that service problems are efficiently and effectively addressed, and that best practices are identified and promoted across a network of nearly 150 crisis centers, requires the full attention of a staff that is highly skilled and devoted to these tasks.

It has become clear that in the seven years that we have been administrating this network, there may be no factor that best ensures the integrity and public safety needs of this service more than collaboration and communication with our network crisis centers, which ultimately provide the help to suicidal callers. The integrity of this service relies on a mutual agreement between a vast network of independently operating centers and the network administrator, an agreement that is

founded on trusting that—while they listen to, support and help the callers we deliver to them—we will, in turn, listen to, support and help them. Whether it is assuring that their lines are receiving calls, they are getting calls from areas that they are equipped to respond to, or it is providing information that supports best practices of helpers on the phone, it is our relationships with these centers that helps us all know that we are serving callers as effectively and efficiently as possible. Similarly, it is our communications with one another that help us determine if a caller or callers are not being helped efficiently or effectively, whereby corrections can be made that could make a difference in a caller's life. These communications begin with signing and maintaining an up-to-date network agreement with all of our member centers. However, the integrity of this document rests entirely on the degree to which all parties keep the promises made in that agreement, and continue to understand and execute their respective roles in preventing suicides through this service. This is why a day does not pass without Lifeline staff members and network center directors communicating with each other in some way that addresses the needs of individuals in suicidal crisis.

In the end, this broad-scale service relies on communication and collaboration to save lives: communications between the centers and callers, and between the network administrator and its centers. The scope of collaborating with a network of centers across the country requires a great deal of skilled human resources which must be supplied and maintained by the network's administrator, a responsibility well beyond paying for toll-free telephone costs.

It continues to be a distinct privilege for Link2Health Solutions and its parent organization—the MHA-NYC—to work alongside our vast network of crisis centers, SAMHSA, and local and national stakeholders across the country, to prevent suicide and keep callers safe.